

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No. _____

(to be filled in by the Clerk's Office)

CODY TOLEDO

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

PRIMECARE MEDICAL DIVISION

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name CODY TOLEDO
 All other names by which
 you have been known: _____
 ID Number 26503
 Current Institution NORTHAMPTON COUNTY PRISON
 Address 666 WALNUT STREET
EASTON PA 18042
 City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name PRIMECARE
 Job or Title (*if known*) MEDICAL DEPARTMENT OF JAIL
 Shield Number _____
 Employer _____
 Address _____

 City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name LT. LAMOUNT
 Job or Title (*if known*) LIEUTENANT
 Shield Number _____
 Employer _____
 Address 666 WALNUT ST.
EASTON PA 18042
 City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name

KELLER

Job or Title (if known)

HEALTH SERVICE ADMINISTRATOR

Shield Number

Employer

Address

666 WALNUT ST.

EASTON

City

PA

State

18042

Zip Code



Individual capacity



Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code



Individual capacity



Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8TH, 5TH, AND 14TH AMENDMENT, SEE ATTACHED

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

THEY WORK FOR NORTHAMPTON COUNTY PRISON

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

SEE ATTACHED

- C. What date and approximate time did the events giving rise to your claim(s) occur?

SEE ATTACHED RE: MEMORANDUM

- D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

SEE ATTACHED

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

SEE ATTACHED

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WANT A JURY TRIAL TO PROVE MY CASE. IF I AM GIVEN A FAVORABLE VERDICT I WOULD LIKE DAMAGES.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

NORTHAMPTON COUNTY PRISON

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

ALL PROVIDED SEE ATTACHED

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

NORTHAMPTON COUNTY PRISON

2. What did you claim in your grievance?

ALL ISSUES SET FORTH IN COMPLAINT, SEE ATTACHED

3. What was the result, if any?

SEE ATTACHED

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I GRIEVED TO THE FURTHEST EXTENT, I APPEALED TO THE FURTHEST EXTENT

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

- ☐ Yes
☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

- ☐ Yes
☒ No

If no, give the approximate date of disposition _____

N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 07-22-20

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Cody Toledo

CODY TOLEDO

26503

666 WALNUT STREET

EASTON

City

PA

State

18042

Zip Code

B. For Attorneys

Date of signing: 07-22-20

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Cody Toledo

Cody TOLEDO

666 WALNUT STREET

EASTON

City

PA

State

18042

Zip Code

Telephone Number

E-mail Address

MEMORANDUMCHAPTER 1:

ON APRIL 6th APPROX: 9:30AM, I WAS QUARANTINED DUE TO THE COVID-19. IM BEING HELD ON THE GALLERY (G-BLOCK) IN NORTHAMPTON COUNTY PRISON. I LOOKED OUT MY CELL AND SEEN ALL THE C.O'S AND CERTAIN INMATES (RUNNERS) OR WORKERS AND SOME WITH MEDICAL ISSUES SUCH AS DIABETES ETC. GIVEN MASKS AND WEARING THEM. I ASKED LIEUTENANT LAMOUNT ON 1st SHIFT IF WE CAN ALL GET A MASK, HE TOLD ME WE DONT NEED ONE ONLY WORKERS AND C.O'S THAT WE WILL BE FINE. LATER ON IN THE DAY (SECOND SHIFT) I ASKED CORRECTION OFFICER ELLINGTON, WHY DO ALL THE C.O'S HAVE A MASK ON AND CERTAIN INMATES AND NOT ALL OF US, HE SAID A COUPLE OF C.O'S TESTED POSITIVE FOR COVID-19 AND WE NEED TO KEEP THE WORKERS SAFE AND ALL STAFF SAFE. SO I SAID "WE NEED THEM TOO, FROM LOOKING AT THE NEWS THE VIRUS CAN SPREAD VERY EASILY AND VERY FAST. STAFF WAS IGNORING ME SO I TOOK IT TO THE NEXT LEVEL AND ASK FOR A GRIEVANCE AND A SICK CALL SLIP ON THE SICK CALL SLIP I ASKED TO BE TESTED FOR COVID-19 AND TO BE GIVEN MASKS. I NEVER GOT NO RESPONSE BACK. MEDICAL STAFF JUST LAUGHED AND TOLD US WE ARE ALL CRAZY AND JUST PARANOID.

CHAPTER 2:

ON APRIL 7th 2020 ABOUT 4:00PM I RECEIVED A GRIEVANCE FORM. ON THAT GRIEVANCE FORM I EXPLAINED HOW ON ABOUT APRIL 6th 2020 I WAS QUARANTINED DUE TO THE COVID-19. ALL C.O'S AND INMATE WORKERS AND SOME WITH MEDICAL ISSUES WERE GIVEN MASKS. IM IN A CELL WITH 3 OTHER PEOPLE AND INMATE WORKERS AND MEDICAL ISSUED INMATES WERE GIVEN MASKS AND HAVE ACCESS TO NUMEROUS AMOUNT OF THINGS THAT G-BLOCK DOES NOT HAVE. I AM WRITING THIS GRIEVANCE BECAUSE OF NEGLIGENCE AND THIS IS A VIOLATION OF MY 14th AMENDMENT RIGHT (EQUAL PROTECTION OF LAW) I AM GOING THROUGH ANXIETY WHICH IS A INJURY I WANT ANSWERS AND \$5 MILLION IN DAMAGES. [IT IS A VIOLATION OF MY 14th AND 8th AMENDMENT BECAUSE I AM A PRETRIAL DETAINEE AND IT IS POSING A ~~AND~~ SUBSTANTIAL RISK OF SERIOUS HARM BECAUSE, I AM IN A CELL WITH 3 OTHER PEOPLE AND NEXT TO OTHER INMATES ON K-BLOCK WHICH IS EASY FOR ME TO ~~TO GET~~ TEST POSITIVE FOR COVID-19, I ASKED TO BE MOVED IN A CELL BY MYSELF I WROTE THEM A GRIEVANCE ABOUT GETTING ME MOVED BY MYSELF AND THEY DENIED ME]. → NEXT PAGE [SEE APPENDED]

IT ALSO VIOLATED MY RIGHTS. WE WERE NEVER 6 FEET AWAY FROM EACH OTHER AS A PRETRIAL DETAINEE I AM SUPPOSED TO BE IN A CELL BY MYSELF, BUT INSTEAD THEY KEPT ME AROUND WITH C.O.'S THAT MIGHT BE INFECTED AND INMATES THAT WERE INFECTED, IT IS ALL ON RECORD. I DID IN FACT DRAW THE INFERENCE ON A GRIEVANCE AND THEN GOT DENIED AND DISREGARDED THAT RISK. IT SHOULD BE ON FILE IN NCP.

CHAPTER 3:

THE OFFICIAL WAS AWARE THAT A SUBSTANTIAL HARM EXISTS BECAUSE THEY WERE AWARE OF PEOPLE GETTING INFECTED RIGHT NEXT TO US NOT BEING 6 FEET AWAY, NO MASKS AND NO TESTS AND C.O.'S COMING FROM THE OUTSIDE ALSO NOT BEING TESTED AND NOT STAYING 6 FEET AWAY FROM INMATES. THEY DISREGARDED MY RISK BY DENYING MY GRIEVANCE AND KEEPING ME IN A CELL WITH 3 OTHER INMATES WITH OTHER INMATES IN DIFFERENT CELLS RIGHT NEXT TO ME. ON APRIL 10TH I ASKED ONCE AGAIN TO BE GIVEN MASKS BY MEDICAL BECAUSE I OVERHEARD C.O. ELLINGTON AND NURSE JOANNIE SAY HOW K-BLOCK WAS LOCKED DOWN AND QUARANTINED DUE TO A COUPLE OF INMATES TESTING POSITIVE FOR COVID-19. SO I ASKED C.O. ELLINGTON IS THERE ANYBODY ELSE WHO TESTED POSITIVE BESIDES THE 2 OFFICERS, HE TOLD ME YES A COUPLE OF PEOPLE ON K-BLOCK WHICH IS RIGHT NEXT TO G-BLOCK ONLY A COUPLE OF FEET AWAY. EVERYDAY I ASKED TO BE GIVEN MEDICAL MASKS AND TO BE TESTED, STILL NO RESPONSE. FROM THAT DAY ON THEY JUST HAD US WAITING HERE AND SITTING HERE UNTIL A FEW OTHERS TESTED POSITIVE. A COUPLE OF DAYS LATER A FEW MORE TESTED POSITIVE ON K-BLOCK AND STILL NO MEDICAL MASKS OR TESTS FOR EVERYBODY IN THE FACILITY.

CHAPTER 4:

ON APRIL 14, 2020 I RECEIVED MY RESPONSE FOR MY GRIEVANCE AND THEIR RESPONSE IS AS FOLLOWS: ON APRIL 8, 2020 I HAVE RECEIVED YOUR GRIEVANCE AND HAVE FOUND IT NON GRIEVABLE. THE NORTHAMPTON COUNTY IS FOLLOWING THE RECOMMENDATIONS OF OUR HEALTHCARE PROVIDER, PRIME CARE MEDICAL. SO ON APRIL 16, 2020 I ASKED LIEUTENANT WILLIAMS PERSONALLY THAT I WANTED TO APPEAL A GRIEVANCE FOR THEM NOT GIVING US MASKS AND TO BE TESTED, HE SAID OK WRITE A REQUEST SLIP STATING YOU NEED ANOTHER GRIEVANCE, GIVE IT TO YOUR SHIFT OFFICER HAVE HIM SIGN IT AND GIVE IT TO ME. I FOLLOWED WHAT HE TOLD ME AND A COUPLE OF HOURS LATER I GOT ANOTHER GRIEVANCE.

→ NEXT PAGE
SEE ATTACHED

CHAPTER 5:

ON APRIL 17th, 2020 A COUPLE OF C.O'S WOKE US UP AT 3:30 AM AND GAVE US ALL MASKS IN A PAPER BAG, NON-REUSABLE MASKS AND TOLD US TO WEAR THESE, THIS IS THE ONLY ONE WE ARE GETTING. AFTER 4 INMATES AND 2 C.O'S TESTED POSITIVE IT TOOK THEM ABOUT 2 WEEKS TO GIVE US MASKS. ON THIS DAY I WROTE MY 2nd GRIEVANCE AND ON THIS GRIEVANCE I WROTE, THIS IS MY SECOND GRIEVANCE OF APPEAL. I WOULD LIKE TO APPEAL MY LAST GRIEVANCE THAT GOT DENIED. ON APRIL 6th I WAS QUARANTINED DUE TO THE COVID-19. ALL THE C.O'S AND CERTAIN INMATES (WORKERS) AND SOME WITH MEDICAL ISSUES SUCH AS DIABETES WERE GIVEN MASKS. IM SEEKING SOME TYPE OF RELEASE, THEY ARE JUST NOW GIVING US MASKS AFTER A COUPLE OF WEEKS AND PEOPLE GETTING INFECTED, AFTER I PUT IN SICK CALL REQUESTS WHEN I FELT SICK. WE NEED TO GET TESTED NOW FOR THE SAFETY OF EVERYBODY. I WANT TO GET TESTED FOR THE COVID-19 ASAP. I AM BEING HOUSED ON G-BLOCK WHICH IS THE GALLERY RIGHT NEXT TO K-BLOCK WHERE SEVERAL INMATES WERE OFFICIALLY TESTED POSITIVE FOR THE COVID-19. I AM IN A CELL WITH 3 OTHER INMATES. INMATE WORKERS AND MEDICAL ISSUED INMATES HAVE ACCESS TO NUMEROUS AMOUNT OF THINGS THAT G-BLOCK DOES NOT HAVE. THIS IS A VIOLATION OF MY 14th AMENDMENT RIGHT (EQUAL PROTECTION OF LAW). I AM WRITING THIS GRIEVANCE BECAUSE OF NEGLIGENCE. I AM GOING THROUGH ANXIETY WHICH IS A INJURY. I WANT ANSWERS AND \$5 MILLION IN DAMAGES.

CHAPTER 6:

ON APRIL 21st. I TOLD C.O ELLINGTON (2nd SHIFT OFFICER) I WASNT FEELING WELL DUE TO SOAR THROAT, HE CALLED THE NURSE, THEY CHECKED MY TEMPERATURE AND HEART RATE SAID IM FINE AND WROTE IT DOWN ON THE LOG BOOK. ON APRIL 24th AROUND 12:00 AM. I ASKED NURSE MICHELLE I WASNT FEELING WELL DUE TO BODY ACHES AND SOAR THROAT, SHE CHECKED MY TEMPERATURE AND HEART RATE AND TOLD ME TO GARGLE SALT WATER AND ILL BE FINE ITS PROBABLY ALLERGIES. THEY DID NOT FOLLOW PRIMECARE MEDICAL PROCEDURES AT ~~THIS~~ THIS TIME WHICH IS A VIOLATION OF MY 8th AND 14th AMENDMENT. I DID WHAT SHE TOLD ME BUT I KNEW THERE WAS SOMETHING WRONG, AND BY THIS TIME I HAVE BEEN WAITING FOR A RESPONSE FROM MY LAST GRIEVANCE THAT I APPEALED TO GET TESTED ASAP. IM WAITING FOR THE BODY ACHES TO GO AWAY FROM APRIL 24th TO APRIL 29th SYMPTOMS GOT WORSE. HOT SWEATS, HEADACHES COUGHING AND BODY ACHES. ON THE 29th OF APRIL AT APPROX: 6:30-7:00 PM I TOLD NURSE NIKKI (NICOLE) THIS IS SERIOUS I DONT FEEL WELL → NEXT PAGE

I HAVE BODY ACHES AND HEADACHES AND COUGHING. SHE SAW I WAS SERIOUS AND CHECKED MY LUNGS, TEMPERATURE AND HEART RATE. 15 MINUTES LATER SHE CAME BACK WITH A COVID-19 SURVEY OF QUESTIONS TO ASK ME SO I ANSWERED THEM. 30 MINUTES LATER SHE SAID I AM SHOWING SYMPTOMS OF COVID-19 AND QUARANTINED ME ON THE FLATS (ANOTHER BLOCK IN THE JAIL) DUE TO HEALTH PROBLEMS AFTER I TOLD THEM SEVERAL TIMES FOR MANY DAYS.

CHAPTER 7:

ON 4-30-20 I WAS SENT BACK TO THE GALLERY IN MY OLD CELL TO GET TESTED, THE (P.A) PHYSICAL ASSISTANT ^{PAULINA} CAME UP AND PUT A Q-TIP IN MY NOSE AND TOLD ME TO WAIT FOR MY RESULTS TO COME BACK. ON 05-01-20 AROUND 1:30 PM THE NURSE TOLD ME I TESTED POSITIVE FOR COVID-19 THAT IT WAS CONFIRMED. I STARTED TO GET ANXIOUS, AND HOT, SHE TOLD ME TO CALM DOWN I WILL BE OKAY YOUR NOT SHOWING STRONG SYMPTOMS. WE ARE JUST GOING TO GIVE YOU VITAMINS AND A PILL CALLED ZINC FOR 6 DAYS I SAID OK BECAUSE THERE'S NOTHING I CAN DO. ON 5-01-20 APPROX: 6:30 PM I ASKED A MEDICAL STAFF MEMBER FOR A MEDICAL GRIEVANCE. ON THIS GRIEVANCE I WROTE, DUE TO NEGLIGENCE OF THE INSTITUTION I TESTED POSITIVE FOR COVID-19 BECAUSE I WAS NOT PROVIDED WITH A MEDICAL MASK AND DENIED TREATMENT A COUPLE WEEKS AGO APPROX: 4-06-20, WHEN I TOLD STAFF THAT I NEEDED TO BE TESTED DUE TO ME NOT FEELING WELL. SOLUTION REQUESTED: I AM SEEKING COMPENSATION, AND I AM SEEKING MONEY DAMAGES DUE TO INJURIES.

CHAPTER 8:

THIS WAS A VIOLATION OF MY 8TH AMENDMENT AND FOURTEENTH AMENDMENT BECAUSE IT WAS A FAILURE TO PROVIDE MEDICAL TREATMENT. THE OFFICIALS WERE DELIBERATELY INDIFFERENT TO MY SERIOUS MEDICAL NEEDS BECAUSE, AFTER A GRIEVANCE AND SICK CALL SLIPS, NURSE MICHELLE TOLD ME TO JUST GARGLE SALT WATER AND THEY CHECKED MY TEMPERATURE AND HEART RATE. THEY WERE SUPPOSED TO IMMEDIATELY GIVE ME A COVID-19 TEST. AFTER I TESTED POSITIVE THEY KEPT ME IN A CELL WITH THE SAME INMATE I WAS THERE WITH BEFORE I TESTED POSITIVE AND KEPT ME AROUND OTHER INMATES THAT COULD BE INFECTED, THEY NEVER MOVED ME OR SENT ME TO THE HOSPITAL. THEY ONLY GAVE ME A PILL CALLED ZINC. THEY TOLD ME THEY ARE FOLLOWING THE COVID-19 AND PRISON CARE PROCEDURES. THAT IS NOT A COVID-19 PROCEDURE TO GIVE ME A PILL CALLED ZINC AND TO MAKE SURE I STAY HEALTHY. ① THEY KNEW I WAS IN NEED FOR MEDICAL TREATMENT BECAUSE I WAS SHOWING SYMPTOMS AND THEY REFUSED TO TEST ME UP UNTIL A COUPLE OF WEEKS. → NEXT

HEALTH SERVICE ADMINISTRATOR PREVENTED ME FROM RECEIVING MEDICAL TREATMENT (HSA KELLER), I WROTE HER A GRIEVANCE AND WAS TOLD I WAS MONITORED AND WAS GIVING ZINC. THAT IS NOT PRIMECARES POLICY. PRIMECARES POLICY IS TO SEPERATE US FROM OTHER INMATES, SEND US TO THE HOSPITAL IF WE SHOW SEVERE SYMPTOMS. ALSO WHEN WE SHOW SYMPTOMS WE SHULD BE TESTED ASAP. THEY DENIED ME ABOUT 3 TIMES. Thier Policy IS FOR US TO STAY 6 FEET AWAY, WEAR MEDICAL MASKS AND TO GET TESTED IF SYMPTOMS ARE SHOWING. NITHER ONE WAS GRANTED, UNTIL AFTER I WAS POSITIVE. The Policy FOR WHEN I WAS TESTED WAS NOT GRANTED NETHER BECAUSE I WAS SHOWING SEVERE SYMPTOMS, I COUDNT BREATHE I HAD HOT SWEATS, PAIN, MUSCLE AND BODY ACHES ETC. AND THEY JUST LEFT ME IN MY CELL UNTIL I RECOVERED, AND THEY GAVE ME A PILL CALLED ZINC. ALSO left me AROUND OTHER INMATES THAT COULD POSSIBLY BE INFECTED LESS THAN 6 FEET AWAY.

CHAPTER 9:

ON 5-02-20 I WOKE UP WITH AN EXTREME HEADACHE AND SAW LIEUTENANT WARMING. I ASKED HER IF I CAN GET A GRIEVANCE, SHE ASKED FOR WHAT AND I TOLD HER I NEEDED ONE DUE TO ME BEING SICK AND FOR WHATS GOING ON IN THIS JAIL CONCERNING OUR SAFETY FOR COVID-19. THIS IS MY 3RD GRIEVANCE FOR A NON RESPONSE GRIEVANCE FOR MY LAST APPEAL, BY THIS TIME IM WAITING AND GIVING THE GRIEVANCE SUPERVISOR TIME TO RESPOND BACK ON MY APPEAL. ON 5-08-20 I GOT A RESPONSE BACK AND GOT DENIED AND TOLD ME AT NO TIME DID I REQUEST TO BE SEEN REGARDING COVID-19, FROM 5-2-20 - 5-08-20 I AM STILL GOING THROUGH EXTREME DEPRESSION, EXTREME HEADACHES, HOT SWEATS, ANXIETY, BODY ACHES, PAIN AND SUFFERING, DRY COUGHS ON A REGULAR BASIS. ON 5-08-20 I APPEALED THE DENIAL OF MY LAST MEDICAL GRIEVANCE.

CHAPTER 9:

ON 5-13-20 I WRITE MY LAST GRIEVANCE OF APPEAL. ON THIS GRIEVANCE I WRITE AN APPEAL ALLEGING NON-RESPONSE AND REITERATING EVERYTHING MENTIONED IN PRIOR GRIEVANCES. THE NURSES ALSO TOLD ME THAT THERE IS NO WRITTEN POLICY BECAUSE IT CHANGES EVERYTIME AS TIME GOES ON, BECAUSE IT IS A NEW DISEASE THAT THEY ARE STILL TRYING TO FIGURE MORE ABOUT.

CODY TOLEDO PERM#26503
COUNTY OF NORTHAMPTON
Northampton County Jail
666 Walnut Street
Easton, Pennsylvania 18042

FIRST-CLASS MAIL

neopostSM

07/27/2020

US POSTAGE \$001.40⁰²

ZIP 18042

04 001 220 100 00

CLERK OF COURTS UNITED STATES DIS:

FOR THE EASTERN DISTRICT OF PENNSY

601 MARKET STREET

PHILADELPHIA, PENNSYLVANIA 19106

INMATE MAIL This correspondence is from
a County Jail and the sender is an inmate.
The contents have not been evaluated.
Northampton County Jail is not responsible
for the contents or debts incurred.

1910631796 2019

